

## Professional Day Request

**Employee:** Complete and submit to the building principal or department supervisor. Retain a copy for your records.

**Office Staff:** Upon approval or disapproval, make 2 copies. Retain one copy, and submit one copy to the employee.  
Submit the original, signed copy to the District Office.

Name \_\_\_\_\_ School \_\_\_\_\_

Requested Absence Date(s) \_\_\_\_\_ Portion of Day \_\_\_\_\_

Name of Workshop \_\_\_\_\_ (Attach copy of workshop description)

Requesting Status: \_\_\_\_\_ With Pay \_\_\_\_\_ Without Pay

Was Professional Day Requested by Administrator? \_\_\_\_\_ Yes \_\_\_\_\_ No Professional days taken \_\_\_\_\_

Aesop Absence Confirmation #: \_\_\_\_\_

Are you requiring District reimbursement? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, skip to signature line)

**Reimbursement Procedure:** After attending a professional development activity for which reimbursement of expenses was approved, please attach the following items to a copy of this form and forward it to Accounts Payable at the District Office.

1. A copy of your cancelled check or a copy of your credit card statement
2. Proof of attendance (required)

Itemize Costs:	Item	Amount
	_____	_____
	_____	_____
	_____	_____
	Total Cost:	_____

 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved with Pay   
  Approved without Pay   
  Approved without Expenses   
  Not Approved

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_